

MEDAMERICA INSURANCE COMPANY - NAIC 69515**LTC Individual - Comprehensive - Tax Qualified**

Policy Form: FC-336-CA

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

| 1Yr | 2Yrs | 3Yrs | 4Yrs | 5Yrs | 6Yrs | 7Yrs | Lifetime | Other |
|-----|------|------|------|------|------|------|----------|-------|
| YES | YES | YES | YES | YES | YES | YES | NO | YES |

MPB
Company
Notes:

365 (Number of Days) times the Nursing Facility Daily Benefit = _1 year_. Other Notes: 10 year MPB is also offered.

2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
| \$50 | \$500 | \$10 | YES | NO | NO | NO | NO |

NHB
Company
Notes:

Enter Notes: None reported by the company.

3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

| 100% | 90% | 80% | 75% | 70% | Other |
|------|-----|-----|-----|-----|-------|
| NO | NO | NO | YES | NO | NO |

RCFE
Company
Notes:

Enter Notes:

4. Home Care Benefit (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

| 100% | 90% | 80% | 75% | 70% | 60% | 50% | None | Other |
|------|-----|-----|-----|-----|-----|-----|------|-------|
| NO | NO | NO | NO | NO | NO | NO | NO | NO |

HCB
Company
Notes:

Enter Notes: None reported by the company.

5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
| | | | | | | YES | |

HCBO
Company
Notes:

Not Applicable: This LTC policy form is not a Home Care Only policy.

6. Qualification for Benefits (QB)

| QB_2_OF_6 | QB_2_OF_7 | QB_OTH1 | QB_MN | QB_CI | QB_90DR | QB_OTH2 |
|-----------|-----------|---------|-------|-------|---------|---------|
| YES | NO | NO | NO | YES | YES | NO |

| | |
|-------------------------|---|
| QB Company Notes: | The need for human assistance or continual supervision to perform at least ____2____ of ____6____ Activities of Daily Living. |
|-------------------------|---|

7. Elimination Period (EP) = In days Select all that applies.

| | | | | | | | | |
|----|-----|-----|-----|-----|-----|----------|---------|-------|
| 0 | 20 | 30 | 60 | 90 | 100 | CALENDAR | SERVICE | Other |
| NO | YES | YES | YES | YES | YES | YES | NO | YES |

| | |
|----------------------|--|
| EP Company Notes: | Enter Notes: 180 days and 365 days are also offered. |
|----------------------|--|

8. Inflation Protection (IP)

| | | | | |
|---|-------------|-----------|----------------------------|-------|
| IP Methodology | 5% Compound | 5% Simple | Guaranteed Purchase Option | Other |
| Explain IP Methodology: None reported by the company. | YES | YES | YES | YES |

| | |
|----------------------|---|
| IP Company Notes: | Enter Notes: Also offered are: 5% Comp 2X, 5% Simp 2X, 3% Comp, 3% Comp 2X, 3% Simp, 3% Simp 2X, Combination Benefit Increase, Daily Benefit Increase |
|----------------------|---|

9. Waiver of Premium (WAVP)

| |
|---|
| Enter Notes: Premiums are waived the day after the elimination period is met. |
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MEDAMERICA INSURANCE COMPANY - NAIC 69515

Long Term Care Insurance Rates

Policy Form: FC-336-CA

LTC Individual - Comprehensive - Tax Qualified

| ISSUE AGE | 30 Day Elimination Period - Calendar | | | | 90 Day Elimination Period - Calendar | | | | |
|-----------|--|---|---|--|--|--|--|--|--|
| | 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION | LIFETIME BENEFIT - NO INFLATION PROTECTION | LIFETIME BENEFIT - WITH INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION | LIFETIME BENEFIT - NO INFLATION PROTECTION | LIFETIME BENEFIT - WITH INFLATION PROTECTION | |
| | 50 | \$554 | \$2,240 | | | \$468 | \$1,891 | | |
| | 55 | \$737 | \$2,507 | | | \$622 | \$2,117 | | |
| | 60 | \$996 | \$2,846 | | | \$840 | \$2,403 | | |
| | 65 | \$1,471 | \$3,505 | | | \$1,242 | \$2,959 | | |
| | 70 | \$2,245 | \$4,451 | | | \$1,895 | \$3,757 | | |
| | 75 | \$3,498 | \$5,874 | | | \$2,953 | \$4,959 | | |
| | 80 | \$5,502 | \$7,968 | | | \$4,645 | \$6,727 | | |

Customer Service Telephone Number: (800) 544 - 0327